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Reply

We agree that current meta-analysis findings are of limited use in clinical risk assessment. The generally small effects found suggest that any such instrument would be too inaccurate. However, further research has much more to offer. There may be major differences in predictive factors for differing age-groups, genders, diagnoses, etc. Increasingly, we have large electronic databases of patients and events that can be used for case comparison studies. Future research using these datasets needs to explore any differences in predictive factors within subgroups. This may lead to more accurate risk assessment tools. Approaches based on short-term prediction may also prove to be more practically useful (1–3). More traditional narrative reviews may also have much to offer the practicing clinician in addition to the bare bones actuarial data provided by meta-analysis. Our recent review of the inpatient suicide literature highlighted the importance of support and supervision and provided some clear pointers for clinicians (4).

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## Book review

*Handbook of treatment-resistant schizophrenia* By Leslie Citrome. Published by Springer Healthcare, London, UK, 2013 66 pp., ISBN 978-1-908517-86-9

Clinicians who care for patients with schizophrenia as well as psychiatrists in training will enjoy this unusual and insightful book. The author addresses typical clinical problems arising in the care of schizophrenia patients, but this is definitely no cookbook. The book does not ignore the complexity of problems such as definitions and meaning of treatment resistance, but presents them in a lucid way that makes it easier for the reader to understand and accept the inevitable ambiguities of the field. This is a scientifically rigorous book that is surprisingly easy to understand.

The handbook is short; 66 pages excluding the front matter. The text is divided into two parts. Part 1 presents definitions, measurement tools, a general treatment approach, and very useful segments on adherence and dosing of antipsychotics. Part 2 deals with specifics of psychopharmacological and other

treatments. The author demonstrates a considerable amount of common sense when dealing with the plethora of contradictory results of treatment trials.

The author's extensive experience as a research psychopharmacologist and a clinician enables him to clearly interpret the implications of scientific results for clinical practice. There is an unusually detailed segment on the theory and practice of evidence based medicine. This is an important and welcome addition which will be new for many readers.

The references are up to date and well selected. Each chapter is followed by a separate list of references. I found this arrangement inconvenient; besides, it results in unnecessary repetition as some of the key references are cited in more than one chapter. A single list of references at the end of this short handbook would have been a better choice.

Overall, this handbook represents a distinctive contribution to the field of practical psychopharmacology of schizophrenia. It is also a pleasure to read.

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